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TO: EXAMINER CYNTHIA COLLINS
FROM: KIM M. HAGEMANN
RE: U.S. PATENT APPLICATION SERIAL NO. 09/511,445
ATTORNEY DOCKET NO. 1115A
DATE: 09/02/03 FAX NUMBER: (703) 872-9306
NUMBER OF PAGES FOLLOWING THIS SHEET: 8

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Certificate of Transmission (1 Page)
Transmittal Form (1 Page)
Fee Transmittal Form for FY 2003 (1 Page)
Amendment (5 Pages)

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PTO/SB/97 (05-03)

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- 1) Transmittal Form (1 Page)
- 2) Fee Transmittal for FY 2003 (1 Page)
- 3) Amendment (5 Pages)

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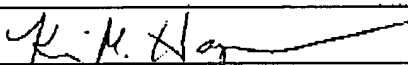
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/511,445	
	Filing Date	02/22/2000	
	First Named Inventor	William J. Gordon-Kamm	
	Art Unit	1638	
	Examiner Name	Collins, Cynthia A.	
Total Number of Pages in This Submission	7	Attorney Docket Number	1115A

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kim M. Hagemann
Signature	
Date	September 2, 2003

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Typed or printed name	Kim M. Hagemann		
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number 09/511,445
Filing Date 02/22/2000
First Named Inventor William J. Gordon-Kamm
Examiner Name Collins, Cynthia A.
Art Unit 1638
Attorney Docket No. 1115A

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order

☒ Deposit Account:

Deposit
Account
Number

16-1852

Deposit
Account
Name

Pioneer Hi-Bred International, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
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to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description	Fee Paid
	1001 750	2001 375		Utility filing fee	
	1002 330	2002 165		Design filing fee	
	1003 520	2003 260		Plant filing fee	
	1004 750	2004 375		Reissue filing fee	
	1005 160	2005 80		Provisional filing fee	

SUBTOTAL (1)

(\$) 0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
9	-13 ** = 0	X 18 = 0	
Independent Claims	1	-2 ** = 0	X 84 = 0
Multiple Dependent		X	= 0

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description
	1202 18	2202 9		Claims in excess of 20
	1201 84	2201 42		Independent claims in excess of 3
	1203 280	2203 140		Multiple dependent claim, if not paid
	1204 84	2204 42		** Reissue independent claims over original patent
	1205 18	2205 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

SUBMITTED BY

Name (Print/Type)

Kim M. Hagemann

Registration No. Attorney/Agent

52,982

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Signature

Kim M. Hagemann

Date

September 2, 2003

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